UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

IN RE:	}	CASE NUMBER
AEROSOL PACKAGING, LLC	} }	06-67096-MHM
DEBTOR.	}	CHAPTER 11

DEBTOR'S STANDARD MONTHLY OPERATING REPORT (BUSINESS) FOR THE PERIOD FROM FEBRUARY 1, 2009 TO FEBRUARY 28, 2009

Comes now the above-named debtor and files its Monthly Operating Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

/s/ Brian L. Schleicher Attorney for Debtor's Signature

Debtor's Address and Phone Number:

Attorney's Address and Phone Number:

Aerosol Packaging, LLC d/b/a Aerosol Specialties 189 Etowah Industrial Court Canton, Georgia 30114 770-425-0114 Jampol, Schleicher, Jacobs & Papadakis, LLP 11625 Rainwater Drive, Suite 350 Alpharetta, Georgia 30009 770-667-1290

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee Office. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program Website, http://www.usdoj.gov/ust/r21/index.htm.

- 1) Instructions for Preparations of Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)

SCHEDULE OF RECEIPTS AND DISBURSEMENTS FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

	Case Number: 06-6	7096-MHM
Date of Petition: June 21, 2006	CURRENT	CUMULATIVE
	MONTH	PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD	-0- (a)	(29,452) (b)
2. RECEIPTS:		
A. Cash Sales		
Minus: Cash Refunds	(-)	
Net Cash Sales	quality to the last termination of the same of the sam	44 500 055
B. Accounts ReceivableC. Other Receipts (See MOR-3)		14,580,955
(If you receive rental income,		4,860,106
you must attach a rent roll.)		
3. TOTAL RECEIPTS (Lines 2A+2B+2C)		19,441,061
4. TOTAL FUNDS AVAILABLE FOR		, ,
OPERATIONS (Line 1 + Line 3)	<u>-0-</u>	<u>19,411,609</u>
5. DISBURSEMENTS		
A. Advertising		17,574
B. Bank Charges		7,284
C. Contract Labor		834,469
D. Fixed Asset Payments (not incl. in "N")E. Insurance		29,432 579,151
F. Inventory Payments (See Attach. 2)		578,151 9,129,920
G. Leases		1,127
H. Manufacturing Supplies		8,258
I. Office Supplies		68,910
J. Payroll - Net (See Attachment 4B)		2,605,913
K. Professional Fees (Accounting & Legal)		191,323
L. Rent		862,669
M. Repairs & Maintenance		211,157
N. Secured Creditor Payments (See Attach.	2)	
O. Taxes Paid - Payroll (See Attachment 4 P. Taxes Paid - Sales & Use (See Attachm	(C)	•
Q. Taxes Paid - Sales & Use (See Attachment 40	7 1	
R. Telephone	<i>'</i>)	38,336
S. Travel & Entertainment		
Y. U.S. Trustee Quarterly Fees		37,460
U. Utilities		288,348
V. Vehicle Expenses		200,010
W. Other Operating Expenses (See MOR-	3)	4,680,957
6. TOTAL DISBURSEMENTS (Sum of 5A thru W		<u>19,411,609</u>
7. ENDING BALANCE (Line 4 Minus Line 6)	<u>-0-</u> (c)	(c)
I declare under penalty of perjury that this states	ment and the accomp	panying documents and
reports are true and correct to the best of my kn		
	h Fragnoli	
(S) (a) This number is carried forward from last month (ignature)	and and analysis their consists and their

⁽a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

⁽b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.

⁽c)These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont ' d)

Detail of Other Receipts and Other Disbursements

Describe Each Item of	of Other Receipt and L	ist Amount of Receipt. Writ	e totals on Page MOR-2, Line 2C.	
<u>Description</u>		Current Month	Cumulative Petition to Date	
			<u>4,860,106</u>	
TOTAL OTHER REC	EIPTS	-0-	4,860,106	
		nsiders and other sources etc.). Please describe belo	s (i.e. Officer/Owner, related w:	
Loan Amount	Source of Funds	<u>Purpose</u>	Repayment Schedule	
OTHER DISBURSEN	IENTS:			
Describe Each Item of MOR-2, Line 5W.	f Other Disbursement	and List Amount of Disburs	ement. Write totals on Page	
Description*		Current Month	Cumulative Petition to Date	

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.

4,511,575

OTHER RECEIPTS:

^{*} Payment pursuant to orders of the Court.

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: <u>AEROSOL PACKAGING, LLC</u> Case Number: <u>06-67096-MHM</u>

Date of Petition: June	<u>21, 2006</u>					
ACCOUNTS RECEIV	ABLE AT PET	TITION DATE:	\$1,929,	<u>679</u>		
(Include <u>all</u> accounts have not been receiv	receivable, pre	S RECEIVABLE e-petition and po				d sales which
	Month Balance		\$	-0-	<u>(</u> a)	
MINUS: Colle	it Month New E ction During th	e Month	\$		(b)	
PLUS/MINUS End of Mon	: Adjustments th Balance	or Writeoffs	\$	-0-	(c)	
*For any adjustments applicable:	or Write-offs p	orovide explanat	ion and si	upporting o	documentatio	on, if
(Show	the total for ea	ON ACCOUNTS ach aging catego	ory for all	accounts r	eceivable)	
0-30 Days	31-60 Days	61-90 Days	Over 9	obays	Total	
				•	-0- (c)
For any receivables ir	n the "Over 90 Receivable	Days " category	, please p	provide the	following:	
Customer	<u>Date</u>	Status (Collect write-off, dispu			timate of col	lectibility,
		All A/R Sold Al	JGUST 2	, 2007		
(a)This number is ca	rried forward fr	om last month 's	s report.	For the firs	t report only.	this

⁽a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

⁽b)This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).

⁽c)These two amounts must equal.

MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: <u>AEROSOL PACKAGING, LLC</u> Case Number: <u>06-67096-MHM</u>

Date of Petition: June 21, 2006

In the space below list all invoices or bills incurred and not paid <u>since the filing of the petition</u>. <u>Do not</u> include amounts owed prior to filing the petition. In the alternative, a computer generated list of payables may be attached provided all information requested below is included.

	_	POST-PETIT	ION ACCOUNT	S PAYABLE	
Date Incurred	Days <u>Outstanding</u>	<u>Vendor</u>	<u>Des</u>	cription	<u>Amount</u>
See July 31,	2007 Report				
Addition:					
TOTAL AMO	DUNT	****			(b)
☐ Check he documentati		ebts have been	paid. Attach an	explanation and	copies of supporting
<u> </u>	CCOUNTS PAYA	BLE RECONC	ILIATION (Post	Petition Unsecu	red Debt Only)
MINUS: A	ance ew Indebtedness II Amount Paid on Po Accounts Payable	st Petition,	<u>\$ -0</u> onth \$	-	(a)
	NUS: Adjustments ing Month Balance		\$ \$ -0	•	* (c)
into a modific		Secured Credit with a secured o completing the	creditor/lessor, c	(Post Petition On consult with your a Number	ly). If you have entered attorney and the United
Secured Creditor/ Lessor N/A		Date Payment Due This Month	Amount Paid This Month	of Post Petition Payments Delinquent	Amount of Post Petition Payments Delinquent
TOTAL				_(d)	

⁽a)This number is carried forward from last month's report. For the first report only, this number will be zero. (b, c)The total of line (b) must equal line (c).

⁽d)This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5N).

INVENTORY AND FIXED ASSETS REPORT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: <u>AEROSOL PACKAGING, LLC</u> Case Number: <u>06-67096-MHM</u>

Date of Petition: June 21, 2006

INVENTORY I	REP	<u>ORT</u>	
INVENTORY BALANCE AT PETITION DATE: INVENTORY RECONCILIATION:	\$	1,642,697	
Inventory Balance at Beginning of Month	\$	-0-	(a)
PLUS: Inventory Purchased During Month	\$		
MINUS: Inventory Used or Sold	\$		
PLUS/MINUS: Adjustments or Write-downs	Φ.	0	
Inventory on Hand at End of Month	\$	-0-	
METHOD OF COSTING INVENTORY: Average Cost *For any adjustments or write-downs provide explanation All inventory sold on August 2, 2007	n an	d supporting de	ocumentation, if applicable.
INVENTORY	AGI	NG	
	_		
Less than 6 6 months to Greater than months old 2 years old 2 years old		nsidered solete	Total Inventory
<u>See Note</u> %%		%	_% = <u>100%</u> *
* Aging Percentages must equal 100%. Description of Obsolete Inventory: Raw materials purchased in advance for former custome	ers c	or minimum pu	rchase requirements.
FIXED ASSET	REF	PORT	
FIXED ASSETS FAIR MARKET VALUE AT PETITION (Includes Property, Plant and Equipment)	ITAC	E: \$ <u>450,000</u>	(b)
BRIEF DESCRIPTION (First Report Only): N/A			
FIXED ASSETS RECONCILIATION: Fixed Asset Book Value at Beginning of Month MINUS: Depreciation Expense PLUS: New Purchases PLUS/MINUS: Adjustments or Write-downs	\$_	-0- (a)(b)
Ending Monthly Balance *For any adjustments or write-downs, provide explanation	\$_ n an	-0- d supporting d	ocumentation, if applicable.
BRIEF DESCRIPTION OF FIXED ASSETS PURCHASE REPORTING PERIOD: All Fixed Assets sold on Augus (a)This number is carried forward from last month's rep the balance as of the petition date. (b)Fair Market Value is the amount at which fixed assets Book Value is the cost of the fixed assets minus accur	st 2, 2 ort.	2007 For the first re Ild be sold und	port only, this number will be er current economic conditions.

NOTE: Inventory Aging unable to be calculated with our use of Average Cost.

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT CLOSE

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: <u>AEROSOL PACKAGING, LLC</u> Case Number: <u>06-67096-MHM</u>

Date of Petition: June 21, 2006

A standard ba accounts othe must be obtair	ink reconcilia or than the the ned from the	ition form can be ree required by t United States T	found at http://www.uhe he United States Trus rustee prior to openin	ciliation to this Summa usdoj.gov/ust/r21/inde stee Program are nece g the accounts. Addit United States Trustee	x.htm. If bank essary, permission ionally, use of less
NAME OF BA	NK: Washing	gton Mutual	BRANCH: _	Canton, Georgia	
	d/b/a A	ol Packaging, LL0 erosol Specialtie : OPERATING		NUMBER: <u>44429444</u>	<u>96</u>
Endin	g Balance pe	er Bank Stateme	nt	\$0	-
Minus Minus	Total Amou Service Cha		g Checks and other d	\$ebits \$ \$ \$	* _ **(a)
Debit cards	are used by	– N/A			
'*If Closing B	Balance is ne		e explanation: N/A		
The following	g disbursem	egative, provide	in Cash (do not incl	l udes items reported luthorized by United S	
The following Attachment 4	g disbursem	egative, provide	in Cash (do not incl		tates Trustee)
The following Attachment 4	g disbursem ID: (□ Che	egative, provide ents were paid ock here if çash o	in Cash (do not incl disbursements were a	uthorized by United S	tates Trustee)
The following Attachment 4 Date /	g disbursem ID: (□ Che Amount	egative, provide ents were paid ock here if çash o Payee	in Cash (do not incl disbursements were a Purpose	Reason for Cash	Disbursement
The following Attachment 4 Date /	g disbursem ID: (□ Che Amount	egative, providents were paid on the payee Payee FERS BETWEE ding Checks and N/A	in Cash (do not incl disbursements were a Purpose	Reason for Cash Reason for Cash SESSION ACCOUNTS above, includes:	Disbursement

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported

as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

CHECK REGISTER - OPERATING ACCOUNT

	Debtor: <u>AEROS</u> etition: <u>June 21</u>		Case Number: <u>06-67096-MH</u>	<u>M</u>
NAME C	OF BANK: <u>Wa</u>	ashington Mutual B	RANCH: Canton, Georgi	<u>ia</u>
	<u>d</u> /	erosol Packaging, LLC b/a Aerosol Specialtic : <u>4442944496</u>		
PURPO	SE OF ACCO	OUNT: OPERATING		
alternati	ve, a comput	sements, including vo er generated check re nation requested belo	ids, lost checks, stop pay gister can be attached to w is included.	rments, etc. In the this report,
DATE N/A	CHECK NUMBER	PAYEE	PURPOSE	AMOUNT
TOTAL				\$ N/A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: <u>AEROSOL PACKAGING, LLC</u> Case Number: <u>06-67096-MHM</u>

ACCOUNT CLOSED

Date of	Petition: June 21,	<u>2006</u>		
A standa	ard bank reconciliates other than the three obtained from the	tion form can be f ee required by the United States Tru	ound at <u>http://www.us</u> e United States Trust ustee prior to opening	liation to this Summary of Bank Activity. sdoj.gov/ust/r21/index.htm. If bank tee Program are necessary, permission the accounts. Additionally, use of less United States Trustee.
NAME (OF BANK: Washing	<u>iton Mutual</u>	BRANCH: <u>C</u>	Canton, Georgia
	INT NAME: <u>Aeroso</u> d/b/a Ae SE OF ACCOUNT	erosol Specialties	ACCOUNT N DIP Account	NUMBER: <u>4442954479</u>
	Ending Balance pe	er Bank Statemen	t	\$_0
	Plus Total Amount Minus Total Amou Minus Service Cha Ending Balance pe	arges		\$ * ebits \$ * \$ **(a)
*Debit	cards are used by	- N/A		
**If Clo	sing Balance is ne	egative, provide	explanation: N/A	
The fol Attachi	lowing disbursem nent 4D: (ents were paid i eck here if cash di	n Cash (do not inclo sbursements were a	udes items reported as Petty Cash on uthorized by United States Trustee)
Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>N/A</u>				
∾Total	TRANS Amount of Outstan	SFERS BETWEE ading Checks and	N DEBTOR IN POSS other debits ", listed	SESSION ACCOUNTS above, includes:
	\$. \$.		Transferred to Pay Transferred to Tax	roll Account Account

CHECK REGISTER - OPERATING ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

BRANCH: Canton, Georgia

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM

Date of Petition: June 21, 2006

NAME OF BANK: Washington Mutual

			•	····
ACCOL		Aerosol Packaging.	LLC ialties DIP Account	
ACCOL		R: <u>4442954479</u>	idities Dir Account	
PURPC	SE OF ACC	OUNT: OPERATIN	NG	
alternat	ive, a compu		g voids, lost checks, stop p k register can be attached below is included.	
DATE N/A	CHECK NUMBER	<u>PAYEE</u>	PURPOSE	AMOUNT
TOTAL				\$ N/A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM

Date of Petition: June 21, 2006

ACCOUNT CLOSED

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/index.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

	F BANK: Wachov	<u> </u>	BRANCH: A	tlanta, Georgia	
ACCOU	NT NAME: Aeroso	ol Packaging, LLC	ACCOUNT I	NUMBER: <u>2000</u>	<u> 2867100468</u>
PURPOS	SE OF ACCOUNT	: <u>OPERATING</u>			
F 1 1	Plus Total Amoun Minus Total Amou Minus Service Cha	er Bank Statement t of Outstanding De Int of Outstanding C arges er Check Register	posits hecks and other do	\$ \$ ebits \$ \$ \$	**(a)
*Debit ca	ards are used by	- N/A			
**If Clos	ing Balance is n	egative, provide ex	cplanation: N/A		
			On the fall to the book in all	ludes items ren	orted as Patty Cash
The follo	owing disbursentiant 4D: (\Box Che	nents were paid in eck here if cash disb	oursements were a	uthorized by Un	orted as Petty Cash of ited States Trustee)
Attachm Date	owing disbursent nent 4D: (eck here if cash dist Payee	Purpose	uthorized by Un	ited States Trustee) Cash Disbursement
Attachm	nent 4D: (□ Che	eck here if cash dist	oursements were a	uthorized by Un	ited States Trustee)
Attachm Date	nent 4D: (□ Che	eck here if cash dist	oursements were a	uthorized by Un	ited States Trustee)
Date N/A	Amount	eck here if cash dist	Purpose Purpose DEBTOR IN POSS	Reason for	ited States Trustee) Cash Disbursement DUNTS
Date N/A	Amount	Payee Payee SFERS BETWEEN Inding Checks and of	Purpose Purpose DEBTOR IN POSS ther debits ", listed	Reason for Reason for SESSION ACCO above, includes	ited States Trustee) Cash Disbursement DUNTS
Date N/A "Total A	Amount Amount TRANS Amount of Outstar	Payee Payee SFERS BETWEEN adding Checks and of	Purpose Purpose DEBTOR IN POSS ther debits", listed Transferred to Pay Transferred to Tax	Reason for Reason for SESSION ACCO above, includes yroll Account x Account	Cash Disbursement Cunts Cunts

⁽a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

CHECK REGISTER - OPERATING ACCOUNT

Name of Date of P	Debtor: <u>AEROS</u> etition: <u>June 2</u>	SOL PACKAGING, LLC 1, 2006	Case Number: <u>06-67096-M</u>	<u>IHM</u>
NAME	OF BANK: W	achovia	BRANCH: Atlanta, Geor	<u>gia</u>
ACCOL	JNT NAME: <u>A</u>	verosol Packaging, L	<u>LC</u>	
ACCOL	INT NUMBER	R: <u>2000867100468</u>		
PURPC	SE OF ACC	OUNT: <u>OPERATIN</u>	<u>3</u>	
alternat	ive, a comput	rsements, including ter generated check mation requested be	voids, lost checks, stop pa register can be attached low is included.	ayments, etc. In the to this report,
<u>DATE</u> <u>N/A</u>	CHECK NUMBER	<u>PAYEE</u>	PURPOSE	AMOUNT
ΤΩΤΔΙ				\$ N/A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

ACCOUNT CLOSED

Name of Debtor: AEROS Date of Petition: June 2		Case Numbe	r: <u>06-67096-MH</u> I	<u>M</u>		
Attach a copy of current r A standard bank reconcili accounts other than the the must be obtained from the than the three required ba	iation form can be found hree required by the Un e United States Trustee	d at http://www.uited States Trus <a amount="" href="http://www.uited.com/right-rust-rust-rust-rust-rust-rust-rust-rus</td><td>usdoj.gov/ust/r21/ir
stee Program are n
g the accounts. Ac</td><td>ndex.htm. If bank necessary, permission dditionally, use of less</td></tr><tr><td>NAME OF BANK: Wacho</td><td>via</td><td>BRANCH: A</td><td>tlanta, Georgia</td><td></td></tr><tr><td>ACCOUNT NAME: Aeros
d/b/a
PURPOSE OF ACCOUN</td><td>Aerosol Specialties</td><td>ACCOUNT</td><td>NUMBER: <u>200090</u></td><td>00081473</td></tr><tr><td>Plus Total Amou
Minus Total Amo
Minus Service Ch</td><td>per Bank Statement
ont of Outstanding Depos
unt of Outstanding Che
narges
per Check Register</td><td>sits
cks and other d</td><td>\$ <u>0</u>
\$ebits \$
\$ <u>0</u></td><td>*
**
(a)</td></tr><tr><td>*Debit cards are used b</td><td>y – N/A</td><td></td><td></td><td></td></tr><tr><td>If Closing Balance is r</td><td>negative, provide expl</td><td>anation: N/A</td><td></td><td></td></tr><tr><td>The following disburser Attachment 4D: (□ Ch</td><td>ments were paid in Ca
eck here if cash disburs</td><td>sh (do not incl
sements were a</td><td>udes items repor
uthorized by Unite</td><td>ted as Petty Cash on
d States Trustee)</td></tr><tr><th>Date Amount</th><th>Payee</th><th>Purpose</th><th>Reason for Ca</th><th>ash Disbursement</th></tr><tr><td>_<u>N/A</u></td><td></td><td></td><td></td><td></td></tr><tr><td>TRAN " of="" outsta<="" td="" total=""><td>SFERS BETWEEN DE</td><td></td><td></td><td>NTS</td>	SFERS BETWEEN DE			NTS
\$ \$		sferred to Payro sferred to Tax A				

⁽a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

CHECK REGISTER - OPERATING ACCOUNT

FC	OR THE PERIO	D BEGINNING FEBRUA	ARY 1, 2009 AND ENDING FE	BHOART 20, 2003
Name of I Date of P	Debtor: <u>AEROS</u> etition: <u>June 2</u>	SOL PACKAGING, LLC 1, 2006	Case Number: <u>06-67096-N</u>	<u>инм</u>
NAME (OF BANK: <u>W</u>	achovia	BRANCH: Atlanta, Geo	<u>rgia</u>
ACCOU		<u>Aerosol Packaging, L</u> d/b/a Aerosol Specia		
ACCOU	INT NUMBER	R: <u>2000900081473</u>		
PURPO	SE OF ACC	OUNT: OPERATING	<u>3</u>	
alternati	ive, a compu	rsements, including ter generated check mation requested be	voids, lost checks, stop p register can be attached low is included.	payments, etc. In the to this report,
<u>DATE</u>	CHECK NUMBER	<u>PAYEE</u>	<u>PURPOSE</u>	AMOUNT
TOTA				\$ N/A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM

Date of Petition: June 21, 2006

ACCOUNT CLOSED

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/index.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME C	F BANK: Wachovia	<u> </u>	BRANCH: Atlan	<u>ita, Georgia</u>	
	NT NAME: <u>Aerosol</u> d/b/a Aer SE OF ACCOUNT:	Packaging, LLC osol Specialties OPERATING	ACCOUNT NUM	MBER: <u>207990055</u>	3259
	Ending Balance per	Bank Statement	\$ _	0	_
	Plus Total Amount of Minus Total Amoun Minus Service Char Ending Balance per	of Outstanding Deposit t of Outstanding Check ges Check Register	s \$_ s and other debit \$_ \$_	s \$	* _ **(a)
*Debit o	cards are used by -	N/A			
**If Clos	sing Balance is ne	gative, provide explar	nation: N/A		
The foll	lowina dishurseme	gative, provide explai ents were paid in Cas ok here if cash disburse	h (do not include	es items reported orized by United St	as Petty Cash on ates Trustee)
The foll	lowina dishurseme	ents were paid in Cas	h (do not include	es items reported orized by United St Reason for Cash	ales Trusiee)
The foll Attachn	lowing disburseme ment 4D: (□ Ched Amount	ents were paid in Cas k here if cash disburse	h (do not include ments were auth	orized by United St	ales Trusiee)
The foll Attachn Date	lowing disburseme ment 4D: (□ Ched Amount	ents were paid in Cas k here if cash disburse	h (do not include ments were auth	orized by United St	ales Trusiee)
The foll Attachn Date	Iowing disbursement 4D: (ents were paid in Cas k here if cash disburse	h (do not include ements were auth Purpose	Reason for Cash SSION ACCOUNTS	Disbursement
The foll Attachn Date	Iowing disbursement 4D: (Payee Payee FERS BETWEEN DEE	h (do not include ements were authorized Purpose STOR IN POSSES debits", listed aboransferred to Payro	Reason for Cash SSION ACCOUNTS ove, includes:	Disbursement
The foll Attachn Date	Iowing disbursement 4D: (Payee Payee FERS BETWEEN DEE	h (do not include ements were authorized Purpose STOR IN POSSES debits", listed abo	Reason for Cash SSION ACCOUNTS ove, includes:	Disbursement

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

CHECK REGISTER - OPERATING ACCOUNT

Name of Date of F	Debtor: AEROS Petition: June 2	SOL PACKAGING, LLC 1, 2006	Case Number: <u>06-67096-MI</u>	<u>M</u>
NAME	OF BANK: <u>W</u>	achovia	BRANCH: Atlanta, Georg	<u>jia</u>
ACCOL		<u>serosol Packaging, L</u> d/b/a Aerosol Specia		
ACCOL	JNT NUMBER	R: <u>2079900553259</u>		
PURPC	SE OF ACC	OUNT: OPERATING	<u>à</u>	
alternat	ive, a comput	rsements, including v ter generated check i mation requested bel	voids, lost checks, stop par register can be attached to low is included.	yments, etc. In the this report,
DATE N/A	CHECK NUMBER	PAYEE		AMOUNT
TOTA	L			\$ N/A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: <u>AEROSOL PACKAGING, LLC</u> Case Number: <u>06-67096-MHM</u>

Date of Petition: June 21, 2006

ACCOUNT CLOSED

A standard be accounts other must be obtained by the country of th	eank reconciliatiner than the threatheath	on form can be e required by the Jnited States T	found a he United rustee pr	t <u>http://www.</u> d States Tru ior to openir	nciliation to this Summary of Bank Activity. .usdoj.gov/ust/r21/index.htm. If bank ustee Program are necessary, permission ng the accounts. Additionally, use of less by United States Trustee.
NAME OF B	ANK: Wachovia	1		BRANCH: ¿	Atlanta, Georgia
	NAME: <u>Aerosol</u> d/b/a Ae DF ACCOUNT:	rosol Specialtie	os es	ACCOUNT	NUMBER: <u>2080000644044</u>
Endi	ing Balance per	Bank Stateme	nt		\$0
Minu Minu	Total Amount ous Total Amount ous Service Charing Balance per	t of Outstanding ges	g Checks		\$ * debits \$ * \$ **(a)
*Debit cards	s are used by -	N/A			
**If Closing	Balance is neg	jative, provide	explana	ntion: N/A	
					cludes items reported as Petty Cash on authorized by United States Trustee)
Date	Amount	Payee	F	urpose	Reason for Cash Disbursement
N/A					
"Total Amou					SESSION ACCOUNTS I above, includes:
	\$ \$	_ <u>N/A</u> 	Tran Trans	sferred to Pa ferred to Ta	ayroll Account ax Account

⁽a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

CHECK REGISTER - OPERATING ACCOUNT

Name of Date of I	Debtor: <u>AERO</u> Petition: <u>June 2</u>	SOL PACKAGING, LLC 21, 2006	Case Number: <u>06-67096-</u>	<u>MHM</u>
NAME	OF BANK: <u>W</u>	achovia	BRANCH: Atlanta, Geo	<u>orgia</u>
ACCO		Aerosol Packaging, L d/b/a Aerosol Specia		
ACCO	JNT NUMBEI	R: <u>2080000644044</u>		
PURPO	OSE OF ACC	OUNT: OPERATING	<u>a</u>	
alternat	tive, a compu		voids, lost checks, stop pregister can be attached low is included.	
DATE N/A	CHECK NUMBER	<u>PAYEE</u>	PURPOSE	<u>AMOUNT</u>
TOTA	L			\$ N/A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.

Name of Debtor: <u>AEROSOL PACKAGING, LLC</u> Case Number: <u>06-67096-MHM</u>

Date of Petition: June 21, 2006

accounts other t must be obtaine	han the three of the desired t	required by the U	nited States Tru e prior to openir	stee Program a g the accounts	t1/index.htm. If bare necessary, pern Additionally, use Frustee.	nission
NAME OF BANK	K: <u>Regions Ba</u>	<u>nk</u> BR.	ANCH: Canton,	<u>Georgia</u>		
	/b/a Aerosol S DIP Accou	nt	_ ACCOUNT	NUMBER: <u>655</u>	<u>6601014</u>	
Plus Tot Minus T and oth Minus S	tal Amount of (\$ -0- \$ -0- a)		
		-		,		
*Debit cards are	e used by - N/	Ά				
*Debit cards are **If Closing Bala	•		lanation: N/A			
**If Closing Bala	ance is negat	ive, provide exp s were paid in Ca	ash (do not incl		oorted as Petty C	
**If Closing Bala The following d Attachment 4D:	ance is negat lisbursement: : (□ Check h	ive, provide exp s were paid in Ca	ash (do not incl	uthorized by Ur		e)
**If Closing Bala The following d Attachment 4D:	ance is negat lisbursement: : (□ Check h	ive, provide exp s were paid in Ca nere if cash disbui	ash (do not inc rsements were a	uthorized by Ur	ited States Truste	e)
**If Closing Bala The following d Attachment 4D: Date An	ance is negat lisbursements (ive, provide exp s were paid in Ca nere if cash disbui	Purpose BTOR IN POSS	Reason for	ited States Truste Cash Disbursen	e)

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

CHECK REGISTER - OPERATING ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor:	AEROSOL PACKAGING, LLC	Case Number:	<u>06-67096-MHM</u>
Date of Petition:	June 21, 2006		

NAME OF BANK: Regions Bank BRANCH: Canton, Georgia

ACCOUNT NAME: <u>Aerosol Packaging, LLC</u> d/b/a Aerosol Specialties

DIP Account

ACCOUNT NUMBER: <u>6556601014</u>

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

DATE <u>No Activ</u>	<u>PAYEE</u>	<u>PURPOSE</u>	AMOUNT
TOTAL			\$ N/A

MONTHLY SUMMARY OF BANK ACTIVITY - ESCROW ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM

Date of Petition: June 21, 2006

A standa accounts must be	ard bank reconciliati	ion form can be fo ee required by the United States Trus	und at <u>http://www.</u> United States Tru tee prior to openir	<u>usdo</u> stee l ng the	on to this Summary of Bank Activity. i.gov/ust/r21/index.htm. If bank Program are necessary, permission accounts. Additionally, use of less ed States Trustee.
NAME (OF BANK: <u>Bank of N</u>	North Georgia	BRANCH: <u>/</u>	Alpha	<u>retta, Georgia</u>
ACCOU	NT NAME: <u>JSJP, L</u>	LP	ACCOUNT	NUM	BER: 403717
PURPO	SE OF ACCOUNT:	Escrow			
	Ending Balance per Plus Total Amount	r Bank Statement	nosits	\$ \$	-0-***
	Minus Total Amour and other debits	t of Outstanding C	Checks	\$ _ \$ \$ _	-0-
	Minus Service Cha Ending Balance pe			\$_	-0- **(a)
*Debit o	ards are used by	– N/A			
**If Clos	sing Balance is ne	gative, provide e	xplanation: N/A		
amount	amount was held t was deposited in ts held in such acc	such counsel's	general escrow-a	CCO	ant to orders of the court. The unt and does not reflect all
The foli	lowing disbursement 4D: (□ Chee	ents were paid in ck here if cash dis	Cash (do not incoursements were	lude autho	s items reported as Petty Cash on prized by United States Trustee)
Date	Amount	Payee	Purpose		Reason for Cash Disbursement
<u>N/A</u>					
"Total	TRANS Amount of Outstand				SION ACCOUNTS ve, includes:
	\$_ \$_	Tra	insferred to Payro insferred to Tax A	ll Acc ccoui	ount nt

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

CHECK REGISTER - ESCROW ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: AEROSOL PACKAGING, LLC Case Number: 06-67096-MHM

Date of Petition: June 21, 2006

NAME OF BANK: Bank of North Georgia BRANCH: Alpharetta, Georgia

ACCOUNT NAME: JSJP, LLP Escrow Account

ACCOUNT NUMBER: 403717

PURPOSE OF ACCOUNT: ESCROW

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

CHECK
DATE NUMBER PAYEE PURPOSE* AMOUNT

ATTACHMENT 4B

MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

	Debtor: <u>AEROSO</u> etition: <u>June 21,</u>		LLC Case Number	er: <u>06-67096-</u>	<u>MHM</u>
Activity. A	A standard ban	month bank stat k reconciliation f t/r21/index.htm.	ement and bank orm can be found	reconciliation	to this Summary of Bank
NAME OF	= BANK: <u>N/</u>	1	BRANC	CH: <u>N/A</u>	
ACCOUN	IT NAME: <u>N/</u>	<u>4</u>			
PURPOS	E OF ACCOU	NT: PAY	'ROLL		
i !	Plus Total Amo Minus Total Am Minus Service (Charges	ng Deposits ding Checks and	other debits	\$ N/A \$ \$ \$ \$ \$
	Ending Balance	o per officer rieg			
*Debit ca	•	be issued on thi			
	rds must not l	be issued on thi		N/A	
**If Closin	rds must not I ng Balance is ving disbursem	be issued on thi	is account. de explanation:_	eck here if cas	h disbursements were States Trustee)
**If Closing	rds must not I ng Balance is ving disbursem	be issued on thi	is account. de explanation:_	eck here if cas by United	h disbursements were
**If Closing The follows authorized	rds must not Ing Balance is	be issued on thi negative, provid ents were paid b	is account. de explanation:_ y Cash: (□ Che	eck here if cas by United	h disbursements were States Trustee)
**If Closing The follows authorized Date	rds must not Ing Balance is	be issued on thi negative, provid ents were paid b	is account. de explanation:_ y Cash: (□ Che	eck here if cas by United	h disbursements were States Trustee)
**If Closing The follow authorized Date	rds must not I	pe issued on thi	is account. de explanation:_ y Cash: (□ Che	eck here if cas by United Reason for	h disbursements were States Trustee)
**If Closing The follow authorized Date	rds must not I	pe issued on thi	is account. de explanation:_ y Cash: (□ Che Purpose	Reason for this account:	h disbursements were States Trustee)

⁽a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 4C

MONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT

Name of Debtor: <u>AEROSOL PACKA</u> Date of Petition: <u>June 21, 2006</u>	GING, LLC	Case Number: _	06-67096-M	<u>HM</u>
Attach a copy of current month bank A standard bank reconciliation form of http://www.usdoj.gov/ust/r21/index.ht	can be found	nd bank reconcilia on the United Sta	ation to this Su ates Trustee w	ımmary of Bank Activity. vebsite,
NAME OF BANK: N/A	-	BRANCH:		
ACCOUNT NAME: N/A		ACCOUNT NUME	BER:	
PURPOSE OF ACCOUNT:T	<u> TAX</u>			
Ending Balance per Bank Plus Total Amount of Outs Minus Total Amount of Outs Minus Service Charges Ending Balance per Check	tanding De tstanding C		r debits	\$ N/A \$ \$ \$ \$ \$ **(a)
*Debit cards must not be issued or	n this accou	ınt.		
**If Closing Balance is negative, pr	ovide expla	nation: <u>N/A</u>		
The following disbursements were pa by United States Trustee) Date Amount Paye		(□ Check here Purpose	Reasor Disburs	n for Cash
The following non-tax disbursements	were made 1	from this account:		
Date Amount Paye		² urpose	Reason this acc	for disbursement from count
	-			

⁽a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

For any Petty Cash are no receipts, pro			0 per transa	ction, attac	h copies of rece	eipts. If there
TOTAL			\$ -0-	(b)	
Controller 's Offic	e0-		-0-		-0-	
Location of Box/Account	(Column Maximum Amount o in Drawer	f Cash	(Column Amount of Cash On At End of	of Petty Hand	(Colu Difference (Column 2) (Column 3	and
The following Pet	ty Cash Drav	wers/Acc	ounts are m	naintained	:	
TOTAL		PETTY	CASH RE	<u>PORT</u>		(a)
Instrument Fa	ace Value	Purcha	se Price	Date ——	of Purchase	Market Value
Type of Negotiab						Current

(c)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5B

CHECK REGISTER - PAYROLL ACCOUNT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Date of I	Debtor: <u>AERO</u> Petition: <u>June 2</u>	SOL PACKAGING, LLC 21, 2006	Case Number: <u>06-67096-</u>	<u>MHM</u>
NAME	OF BANK: _	N/A	BRANCH: _	N/A
ACCO	JNT NAME:	N/A		
ACCO	JNT NUMBEI	R: <u>N/A</u>		
PURPO	OSE OF ACC	OUNT: PA	/ROLL	
alterna	tive, a compu		voids, lost payments, storegister can be attached low is included.	
DATE N/A	CHECK NUMBER	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
TOTAL				\$ N/A

<u>NOTE:</u> Paychex handles filing and payment of payroll taxes.

JSJP, LLP holding property tax escrow starting in AUGUST.

ATTACHMENT 5C

CHECK REGISTER - TAX ACCOUNT

Date of Petition: June 21, 2006	lumber: <u>06-67096-MHM</u>	
NAME OF BANK: N/A	BRANCH: <u>N/A</u>	
ACCOUNT NAME: N/A	ACCOUNT # <u>N/A</u>	
PURPOSE OF ACCOUNT:TAX		
Account for all disbursements, including voids, lo alternative, a computer-generated check register provided all the information requested below is in	r can be attached to this report,	е
CHECK DATE NUMBER PAYEE N/A	PURPOSE AMOUNT	
		_
TOTAL	\$	_
SUMMARY OF TA	XES PAID	
Payroll Taxes Paid Sales & Use Taxes Paid Other Taxes Paid TOTAL	N/A (a) (b) (c) (d)	
 (a) This number is reported in the "Current Month" of Disbursements (Page MOR-2, Line 5O). (b) This number is reported in the "Current Month" of Disbursements (Page MOR-2, Line 5P). (c) This number is reported in the "Current Month" of Disbursements (Page MOR-2, Line 5Q). (d) These two lines must be equal. NOTE: See Note attachment 5B	olumn of Schedule or Receipts and	

MONTHLY TAX REPORT

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Name of Debtor: <u>AEROSOL PACKAGING, LLC</u> Case Number: <u>06-67096-MHM</u>

Date of Petition: June 21, 2006

TAXES OWED AND DUE

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.

Name of Taxing Authority	Date Payment Due	Description	Amount	Date Last Tax Return Filed	Tax Return Period
N/A					
TOTAL				<u>\$</u>	
TAXE	S PAYABLE R	RECONCILIATIO	N (POST-PI	ETITION ONLY	<u>()</u>
Opening Bal PLUS: New Indebted MINUS: Amount Paid Taxes This N	Iness Incurred This d on Post Petition Month	s Month	\$N/ \$	Α	
PLU&S/MINUS: Adju Ending Mont			\$ \$		

^{*}For any adjustments provide explanation and supporting documentation, if applicable.

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

FOR THE PERIOD BEGINNING FEBRUARY 1, 2009 AND ENDING FEBRUARY 28, 2009

Date of Pe	tition: <u>June 21, 20</u>	PACKAGING, LLC 106		90-1011 1101	
Include car personal e	r allowances, paym xpenses, insurance	ents to retirement pla premium payments,	nid on behalf of the Office ns, loan repayments, pay etc. Do not include reim detailed receipts are main	yments of Office bursement for b	r/Owner / s ousiness
Name of C	fficer or Owner	<u>Title</u>	Payment <u>Description</u>	_Amount F	Paid
None				•	
		PERSON	NEL REPORT Full Time	Part Tim	•
Number of	employees at begined during the period	nning of period	-0-		
	rminated or resigne				
		roll at end of period	-0-	-	
		CONFIRMATIO	N OF INSURANCE		
compreher each type o	nsive, vehicle, healt of insurance. For s	h and life. For the firs ubsequent reports, at	not limited to workers' co st report, attach a copy of tach a certificate of insur ased policy limits, renewa	f the declaration ance for any pol	sheet for
compreher each type o change occ	nsive, vehicle, healt of insurance. For s	h and life. For the firs ubsequent reports, at	st report, attach a copy of tach a certificate of insur	f the declaration ance for any pol	sheet for icy in which a
compreher each type o	nsive, vehicle, healt of insurance. For s	h and life. For the firs ubsequent reports, at nth (new carrier, incre	st report, attach a copy of tach a certificate of insur ased policy limits, renewa	f the declaration ance for any pol al, etc.).	sheet for
compreher each type c change occ Agent	nsive, vehicle, healt of insurance. For s curs during the mor	h and life. For the firs ubsequent reports, at th (new carrier, incre e Policy	st report, attach a copy of tach a certificate of insur ased policy limits, renewa	f the declaration ance for any pol al, etc.).	sheet for icy in which a
compreher each type o change oco Agent and/or	nsive, vehicle, healt of insurance. For s curs during the mor Phone	h and life. For the firs ubsequent reports, at th (new carrier, incre e Policy	st report, attach a copy of tach a certificate of insur ased policy limits, renewa Coverage	f the declaration ance for any polal, etc.). Expiration	sheet for icy in which a Date Premium
compreher each type o change oco Agent and/or	nsive, vehicle, healt of insurance. For s curs during the mor Phone	h and life. For the firs ubsequent reports, at th (new carrier, incre e Policy	st report, attach a copy of tach a certificate of insur ased policy limits, renewa Coverage	f the declaration ance for any polal, etc.). Expiration	sheet for icy in which a Date Premium
compreher each type o change occ Agent and/or Carrier	nsive, vehicle, healt of insurance. For s curs during the mor	h and life. For the firs ubsequent reports, at th (new carrier, incre e Policy	st report, attach a copy of tach a certificate of insur ased policy limits, renewant as a constant of the cons	f the declaration ance for any polal, etc.). Expiration	sheet for icy in which a Date Premium
compreher each type of change occ Agent and/or Carrier	isive, vehicle, healt of insurance. For s curs during the mor	h and life. For the firs ubsequent reports, at oth (new carrier, incre e Policy per Number ance coverage occu	st report, attach a copy of tach a certificate of insur ased policy limits, renewant as a constant of the cons	f the declaration ance for any polal, etc.). Expiration	sheet for icy in which a Date Premium
compreher each type o change occ Agent and/or Carrier	nsive, vehicle, healt of insurance. For s curs during the mor	h and life. For the firs ubsequent reports, at oth (new carrier, incre e Policy per Number ance coverage occu Date	st report, attach a copy of tach a certificate of insur ased policy limits, renewant as a constant of the cons	f the declaration ance for any polal, etc.). Expiration	sheet for icy in which a Date Premium
compreher each type of change occ Agent and/or Carrier The follow Policy Type	isive, vehicle, healt of insurance. For s curs during the mor Phone Numb ing lapse in insura Date Lapsed	h and life. For the firs ubsequent reports, at oth (new carrier, incre e Policy per Number ance coverage occu Date Reinstated Re	cat report, attach a copy of tach a certificate of insur ased policy limits, renew ased policy limits, renew as a copy of tach a certificate of insur ased policy limits, renew as a copy of the copy of tach a copy of tach a copy of tach as a copy of tach a copy of tach as a copy of	f the declaration ance for any pol al, etc.). Expiration for any pol al, etc.).	sheet for icy in which a Date Premium Due
compreher each type of change occ Agent and/or Carrier The follow Policy Type	isive, vehicle, healt of insurance. For s curs during the mor Phone Numb ing lapse in insura Date Lapsed	h and life. For the firs ubsequent reports, at oth (new carrier, incre e Policy per Number ance coverage occu Date Reinstated Re	ct report, attach a copy of tach a certificate of insur ased policy limits, renew control of the control of tach a certificate of insur ased policy limits, renew control of the control of the control of tach a copy o	f the declaration ance for any pol al, etc.). Expiration for any pol al, etc.).	sheet for icy in which a Date Premium Due

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

Information to be provided on this page, includes, but is not limited to: (1) financial transactions that are not reported on this report, such as the sale of real estate *(attach closing statement)*, (2) non-financial transactions, such as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior management, etc. Attach any relevant documents

NONE